

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

NAME Woodhaven Nursing Home STP
ADDRESS P O Box 168
Montvale VA 24122
FACILITY LOCATION 13055 W Lynchburg Salem Tpke

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0074870	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

Municipal Minor 12/31/2012

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Blue Ridge Regional Office
3019 Peters Creek Road

Roanoke VA 24019

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	0.0048	NL	MGD	*****	*****	*****			1/DAY	EST
002 PH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1/DAY	GRAB
003 BOD5	REPORTD				*****						
	REQRMNT	540	870	G/D	*****	30	45	MG/L		1/M	GRAB
004 TSS	REPORTD				*****						
	REQRMNT	540	870	G/D	*****	30	45	MG/L		1/M	GRAB
005 CL2, TOTAL	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.12	0.14	MG/L		1/DAY	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	C		1/DAY	IS
120 E.COLI	REPORTD	*****	*****		*****		*****				
	REQRMNT	*****	*****		*****	126	*****	N/CML		1/YR	GRAB
157 CL2, TOTAL CONTACT	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		1.5	*****	*****	MG/L	3	1/DAY	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
213 CL2, INST TECH MIN LIMIT	REPORTD	*****	*****			*****	*****				
	REQRMNT	*****	*****		0.60	*****	*****	MG/L		1/DAY	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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